

PREPARED BY AND RETURN TO:
TAYLOR JONES & ALEXANDER LTD.
ATTORNEYS AT LAW
P. O. BOX 188
SOUTHAVEN, MS 38671
(662) 342-1300

IRMA N. GUY
GRANTOR(S)

WARRANTY DEED

TO

TRAVIS GUSTAFSON and wife,
ANITA S. GUSTAFSON
GRANTEE(S)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, I, **IRMA N. GUY** do hereby sell, convey, and warrant unto **TRAVIS GUSTAFSON and wife, ANITA S. GUSTAFSON** as tenants by the entirety with the full rights of survivorship and not as tenants in common the land and all appurtenances thereon lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

One acre in the northwest quarter of Section 4, Township 2, Range 8 described as beginning at the southeast corner of Lot 20 of JEFFRIES HILL SUBDIVISION as shown by plat recorded in Plat Book 2, Page 52, in the office of the Chancery Clerk of said County; thence south 5 deg. 30 min. east 217.8 to an iron pin; thence south 84 deg. 30 min. west 200 feet to an iron pin; thence north 5 deg. 30 min. west 217.8 feet to an iron pin in the southwest corner of said Lot 20; thence 84 deg. 30 min. east with the south line of Lot 20, a distance of 200 feet to the point of beginning.

PARCEL NO. 2082-0400.0-00006.00

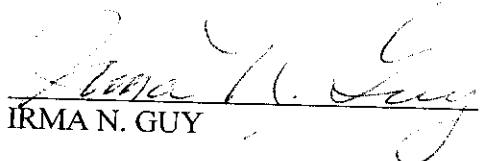
The above property is the same property conveyed to Chester L. Guy and wife, Irma N. Guy as tenants by the entirety with the full right of survivorship and not as tenants in common by Warranty Deed of record in Book 202, Page 464 in the Chancery Clerk's Office of DeSoto County, Mississippi. **Irma N. Guy also executes this Warranty Deed as surviving heir of Chester L. Guy who passed away on or about May 9, 1996.**

The warranty in this deed is subject to subdivision restrictions, building lines and easements as shown on the recorded plat, any covenants of record; rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect for DeSoto County, Mississippi.

Taxes for the year 2008 have been prorated as of this date and are to paid by the Grantees.

Possession is to be given on delivery of this Warranty Deed

WITNESS my signature(s), this the 1st day of April, 2008.

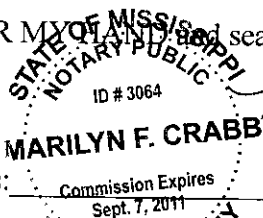

IRMA N. GUY

STATE OF MISSISSIPPI

COUNTY OF DESOTO

PERSONALLY appeared before me, the undersigned authority at law, in and for the jurisdiction aforesaid, the within named IRMA N. GUY who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as her free act and deed, and for the purposes therein expressed.

GIVEN UNDER MY SEAL AND seal of office, this the 1st day of April, 2008.



Marilyn F. Crabb
Notary Public

My commission expires:

Commission Expires
Sept. 7, 2011

PROPERTY ADDRESS: 5753 MARION, HORN LAKE, MS. 38637

GRANTORS ADDRESS:

2990 Hickory Hill # 210 - A
Memphis, TN 38115

Res# 901-362-8333

Bus# 901-362-8333

GRANTEE'S ADDRESS:

5753 Marion Drive
Horn Lake, Ms. 38637

Res# 662-342-0339

Bus# 662-216-0188

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

10 TENNESSEE DEPARTMENT OF HEALTH
11 CERTIFICATE OF DEATH

BK 581 PG 498

NAME OF DECEDENT: For use by physician or institution

DISPOSITION

REGISTRAR

CERTIFIER

CAUSE OF DEATH

EE INSTRUCTIONS ON OTHER SIDE

1. DECEDENT'S NAME (First, Middle, Last) CHESTER LEE GUY				2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) MAY 9, 1996	
4. SOCIAL SECURITY NUMBER (of Decedent) 412-18-1520		5a. AGE - LAST BIRTHDAY (Years) 74		5b. UNDER 1 YEAR MONTHS DAYS HOURS MIN		6. DATE OF BIRTH (Month, Day, Year) AUG. 3, 1921	
7. BIRTHPLACE (City and State or Foreign Country) MEMPHIS, TN.		8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No					
9a. PLACE OF DEATH (Check only one) 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA		9b. FACILITY NAME (If not institution, give street and number) METHODIST CENTRAL HOSPITAL					
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) IRMA NOLEN		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) STOREROOM FOREMAN		12b. KIND OF BUSINESS/INDUSTRY SOUTH CENTRAL BELL	
13a. RESIDENCE - STATE MS.		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION HORN LAKE		13d. STREET AND NUMBER OR RURAL LOCATION 5753 MARION	
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) Specify, if yes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15. RACE - American Indian, Black, White, etc. (Specify) WHITE		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12			
17. FATHER'S NAME (First, Middle, Last) JOHN FRANK GUY				18. MOTHER'S NAME (First, Middle, Maiden Surname) LUCY EMMA HILL			
19a. INFORMANT'S NAME (Type/Print) IRMA GUY				19b. RELATIONSHIP TO DECEASED SPOUSE		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5753 MARION HORN LAKE, MS. 38637	
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) FOREST HILL SOUTH CEMETERY		20c. LOCATION - City or Town, State MEMPHIS, TN.		21. SIGNATURE OF FUNERAL DIRECTOR LARRY HARVEY	
21a. SIGNATURE OF FUNERAL DIRECTOR LARRY HARVEY		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4164		21c. SIGNATURE OF EMBALMER WILLIAM JOYNER III		21d. LICENSE NUMBER OF EMBALMER 4341	
22a. NAME AND ADDRESS OF FUNERAL HOME FOREST HILL FUNERAL HOME 2545 E. HOLMES RD. MEMPHIS, TN. 38118				22b. LICENSE NUMBER OF FUNERAL HOME 920			
23. REGISTRAR'S SIGNATURE				24. DATE FILED (Month, Day, Year)			
25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN George Smith (Cardiologist)							
25b. LICENSE NUMBER MD018928				25c. DATE SIGNED (Month, Day, Year) 6/3/96			
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER				26b. LICENSE NUMBER			
26c. DATE SIGNED (Month, Day, Year)				26d. DATE SIGNED (Month, Day, Year)			
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. GEORGE SMITH 1211 UNION AVE. #865 MEMPHIS, TN. 38104							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Brain stem Cerebral Vascular Accident Due to (or as a consequence of): b. Thromboembolism Due to (or as a consequence of): c. Left Ventricular Thrombus Due to (or as a consequence of): d. Dilated Cardiomyopathy Approximate Interval Between Onset and Death							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Congestive Heart Failure, Paroxysmal Ventricular Tachycardia, Multi-Infarct Dementia							
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide			
31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			